## **NOTICE OF APPEAL** Docket Number (Optional) FROM THE EXAMINER TO THE BOARD OF PATENT P28768 (10808-158) APPEALS AND INTERFERENCES In re Application of I hereby certify that this correspondence is being electronically Barth et al. transmitted to the United States Patent and Trademark Office, Commissioner for Patents, via the EFS pursuant to 37 C.F.R. Application No. Filed §1.8 on the below date: 10/518,880 August 8, 2005 Date November 5, 2009 For Layer Assembly and Method for Producing a Layer Assembly Signature /John R. Lagowski/ Confirmation No. Examiner Art Unit Typed or printed Name John R. Lagowski 5306 2818 David J. Goodwin Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$540.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 23-1925. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the: /John R. Lagowski/ Applicant/Inventor. Signature Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. John R. Lagowski (Form PTO/SB/96) Typed or Printed Name Attorney or agent of record. Registration No. 41,922. Attorney or agent acting under 37 CFR 1.34. Registration No. if acting under 37 CFR 1.34. November 5, 2009 Date Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of forms are submitted.